



MEMBER FILE COVERSHEET & CHECKLIST



Member Contact Information:

Member Name: _____ DOB: _____

Cell Phone #: _____ Service Year: _____

Local Address: _____

Emergency Contact: _____ Cell #: _____

Program Information:

____ Full Time (1700 hrs) ____ Half-time (900 hrs) ____ Reduced Half-time (675 hrs)

____ Quarter Time (450 hrs) ____ Minimum Time (300 hrs)

Actual Start Date: _____ Actual End Date: _____

Member enrolled in the Portal within the required 30 days? Yes ____ No ____

Citizenship verified through eGrants? Yes ____ No ____

Host Site assigned in eGrants? Yes ____ No ____

Name of Host Site: _____

Member Exit Information:

____ Member Completed Required Hours **(Must be exited within 30 days)**

____ Member did not complete the Required Hours

____ Early Exit Form/pertinent documentation submitted & approved by SIC staff prior to exiting the Member in the portal. **(Must be exited within 30 days)**

____ Member was Exited Early For Cause

____ Early Exit Form/pertinent documentation submitted & approved by SIC staff prior to exiting the Member in the portal. **(Must be exited within 30 days)**

____ Member was Exited Early for Personal Compelling Circumstances

____ Early Exit Form/pertinent documentation submitted & approved by SIC staff prior to exiting the Member in the portal. **(Must be exited within 30 days)**

FINAL SERVICE HOURS TOTAL: _____

SECTION 1: STATE COMMISSION PROGRAM DOCUMENTATION

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Member Application

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Reference 1 ☐ Outstanding ☐ Above Average

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Reference 2 ☐ Outstanding ☐ Above Average

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Member Enrollment Form – signed & dated

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Completed online – screen print from portal

must be completed within 30 days of enrollment

☐

Photo ID indicating age

☐

Driver's License

☐

State ID

☐

Passport

☐

Member Service Agreement (MSA)

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MSA is signed & dated by Member and Program Director

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MSA is dated – on or before member service start date

☐

Member position description is attached to the MSA

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Minimum # of service hours required

☐

Living allowance amount and increments

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Education award amount upon successful completion

☐

Standards of conduct

☐

Prohibited activities checklist

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Requirements of drug free workplace act (41U.S.C. 701 et seq.)

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Suspension & termination rules

☐

Specific circumstances for release for cause

☐

Grievance procedures

☐

Other requirements as established by grantee

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Criminal Background Check Results

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DCFS_CANTS results

☐

NSOPR – completed prior to enrollment

☐

FBI fingerprint based query results

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Illinois State fingerprint based query results

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State query results – based on

Designated Statewide Criminal History Repositories and Alternatives

(June 12, 2013) <https://www.nationalserviceresources.gov/files/table-of-designated-state-repositories-and-alternates-06-12-13.pdf>

SECTION 2: STATE COMMISSION PROGRAM DOCUMENTATION

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Criminal Background Check Results – Detail / Review

Date Stamp

Illinois State Police Department Background Check Results
☐ Satisfactory ☐ Results require decision tree

Home State IF Different than Illinois

State Police Department Check Results OR ☐ Illinois
☐ Satisfactory ☐ Results require decision tree

Date Stamp

Date Stamp

National Sex Offender Public Registry Results (all 50 states)
☐ Satisfactory

Date Stamp

FBI Background Results
☐ Satisfactory ☐ Results require decision tree

Date Stamp

DCFS CANTS Background Results
☐ Satisfactory ☐ Results require decision tree

☐

Timesheets completed by pay period

☐

Timesheets signed & dated by Member & immediate supervisor

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Citizenship/Naturalization/Resident Alien Status

- ☐ Passport OR
- ☐ Birth certificate OR
- ☐ Naturalization certificate OR
- ☐ Resident Alien card

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High School Diploma or equivalency

- ☐ Copy of diploma OR
- ☐ Self-identify on enrollment form in portal

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Healthcare enrollment documentation

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Childcare enrollment OR waiver documentation

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Tax documents

- ☐ Federal W4_signed, dated
- ☐ IL State W4_signed, dated
- ☐ Social security card (if required)

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Media Consent Form

SECTION 3: STATE COMMISSION PROGRAM DOCUMENTATION

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Member Counseling / Discipline Documentation

_____ First

_____ Second

_____ Final

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Member Mid-Term Evaluation

Date

☐

Evaluation includes hours YTD

☐

Member completed required # of hours

☐

Member is satisfactorily completing assignments

☐

Member is meeting other performance criteria

☐

End of Term Evaluation

Date

☐

Evaluation includes hours YTD

☐

Member completed required # of hours

☐

Member is satisfactorily completing assignments

☐

Member is meeting other performance criteria

☐

Member End of Term / Exit Documentation

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Completed online – screen print from AC portal

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Paper form signed and dated by member

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Paper form signed and dated by staff

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Completed within 30 days of exit

SECTION 4: STATE COMMISSION PROGRAM DOCUMENTATION

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Documentation of Compelling Personal Circumstances

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State Commission approval prior to exit

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Compelling circumstances documented on the exit form

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Reasons identified due to no cause of the member

SECTION 5: ORGANIZATION PROGRAM DOCUMENTATION

- ☐ Applicant letter of intent
- ☐ HR demographics form
- ☐ MBI background checks results
- ☐ Medical clearance (if required)
- ☐ AC HR Criminal background decision tree
- ☐ Direct Deposit form **OR** ☐ Declined
- ☐ Loan Forbearance form **OR** ☐ Waiver
- ☐ Driving to Fulfill Form
 - ☐ NO will not be driving
 - ☐ YES will be driving ☐ proof of insurance ☐ valid license
- ☐ Confirmation of Materials Received -
 1. Getting Started- AmeriCorps Handbook
 2. Disabilities Inclusion Information

SKILLS / TRAINING / LOGS

- ☐ Online HealthStream Transcript
- ☐ Mandated Reporter Form
- ☐ CPR (certified within 2 years within 2 years of current service year)
- ☐ Post Orientation Test
- ☐ Skills Checklist
- ☐ Standards of Performance
- ☐ Great Story #1
- ☐ Great Story #2
- ☐ Mentor and Shadow Log
- ☐ Exit Checklist
- ☐ Record Change Form to HR _____
Date
- ☐ Record Change Form to Finance _____
Date

SECTION 6: MISCELLANEOUS

[illegible]

